

**SECRET**  
SECURITY INFORMATION

| <b>PROJECT FINANCIAL DATA</b>  |                 | PROJECT CRYPTONYM<br><b>LCCASSOCK</b>                         |  |                 |                      |
|--|-----------------|---|--|-----------------|----------------------|
|  |                 | FISCAL PERIOD COVERED<br><b>1 July 1954 THRU 30 JUNE 1955</b> |  |                 |                      |
| *MAY NOT EXCEED SECRET CLASSIFICATION  |                 |   |  |                 |                      |
| RESPONSIBLE STAFF OR DIVISION<br><b>EE/PP-G</b>  |                 | CASE OFFICER<br><b>C                      □</b>               |  |                 |                      |
| <b>A. PERSONNEL REQUIREMENTS</b>   |                 |   |  |                 |                      |
| Indicate number and type of personnel required and estimated total compensation for salary, allowances, travel and related employee benefits. Include everyone paid from project.  |                 |   |  |                 |                      |
| TYPE   | NUMBER          |   | ESTIMATED COMPENSATION   |                 |                      |
|  | U. S. PERSONNEL | FOREIGN NATIONAL  | BASE SALARY  | ALL OTHER       | TOTAL                |
| STAFF EMPLOYEES  |                 |   |  |                 |                      |
| STAFF AGENTS   |                 |   |  |                 |                      |
| CAREER AGENTS  |                 |   |  |                 |                      |
| CONTRACT AGENTS  |                 |   |  |                 |                      |
| CONTRACT CONSULTANTS   |                 |   |  |                 |                      |
| DETAILED PERSONNEL   |                 |   |  |                 |                      |
| FIELD AGENTS   |                 | <b>7</b>  |  |                 | \$ <b>C</b> <b>□</b> |
| MILITARY   |                 |   |  |                 |                      |
| ALL OTHER  |                 |   |  |                 | \$ <b>C</b> <b>□</b> |
| <b>TOTAL A.</b>  |                 |   |  |                 | \$ <b>C</b> <b>7</b> |
| <b>B. SUPPLIES, MATERIEL AND EQUIPMENT</b>   |                 |   |  |                 |                      |
| Indicate amount required in applicable spaces. Attach complete supporting list for each.   |                 |   |  |                 |                      |
| COMMO  | CHEMICAL        | QUARTERMASTER SUPPLIES  |  | OTHER SUPPLIES  |                      |
| \$   | \$              | \$  |  | \$              |                      |
| MEDICAL  | ORDNANCE        | SPECIAL DEVICES   |  | OTHER EQUIPMENT |                      |
| \$   | \$              | \$  |  | \$              |                      |
| <b>TOTAL B.</b>  |                 |   |  |                 |                      |
| <b>C. OTHER OPERATIONAL EXPENSES</b>   |                 |   |  |                 |                      |
| Indicate volume and nature of expenses such as (1) maintenance of two operational houses abroad (2) spot purchase of information, etc.   |                 |   |  |                 |                      |
| Printing & Reproduction.....\$ <b>C</b> <b>□</b>   |                 |   | Commo Services.....\$ <b>C</b> <b>□</b>  |                 |                      |
| Rent & Utilities.....\$ <b>C</b> <b>□</b>  |                 |   | Other.....\$ <b>C</b> <b>□</b>   |                 |                      |
| Distribution.....\$ <b>C</b> <b>□</b>  |                 |   |  |                 |                      |
| Security.....\$ <b>C</b> <b>□</b>  |                 |   |  |                 |                      |
| Travel.....\$ <b>C</b> <b>□</b>  |                 |   |  |                 |                      |
| <b>TOTAL C.</b> <b>C</b> <b>□</b>  |                 |   |  |                 |                      |
| <b>D. SUBSIDY OR PROPRIETARY PAYMENTS</b>  |                 |   |  |                 |                      |
| If funds are to be turned over to individuals or groups in large lump sums to be expended by the individuals or groups at their discretion to accomplish an agreed-upon objective, explain the type of financial accounts, factual verification or statements, if any, other than a receipt for the lump sum, <b>DECLASSIFIED BY AND RELEASED BY</b> |                 |   |  |                 |                      |
| See Section II, para 4 of Administrative Plan  |                 |   | CENTRAL INTELLIGENCE AGENCY<br>SOURCE METHOD EXEMPTION 3020<br>NAZI WAR CRIMES DISCLOSURE ACT<br>DATE 2007 |                 |                      |
|  |                 |   |  |                 |                      |
| <b>TOTAL D.</b>  |                 |   |  |                 |                      |
| <b>TOTAL FUND REQUIREMENTS (A + B + C + D) \$</b> <b>C</b> <b>□</b>  |                 |   |  |                 |                      |

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SECURITY INFORMATION

E. FUNDING REQUIREMENTS

APPROXIMATE DATES AND AMOUNTS OF MONEY REQUIRED

FORM REQUIRED

☒

U. S. DOLLARS

☐

FOREIGN (SPECIFY)

☐

NEGOTIABLE INSTRUMENTS (SPECIFY)

SPECIAL SECURITY REQUIREMENTS OR METHODS OF TRANSMISSION

F. SPECIAL REQUIREMENTS

(Within security limitations, list any other facts or circumstances which will enable Special Support Staff to lend adequate logistical support to this project. Indicate specificationally the "RUSH" or "TIME" factors involved.)

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